Maine Substance Use Disorders Learning Community

Together increasing access to OUD/SUD Care

General Educational Guidelines from the Maine Substance Use Disorder Learning Community Faculty

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https://mesudlearningcommunity.org/

These are general educational guidelines only and should not replace the clinical judgment of the treating provider. These are not medical guidance and advice. The provider retains sole responsibility for selecting and implementing the care for their patients. These guidelines were developed quickly as educational guidance in response to a requested need in Maine.
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Deprescribing Chronic Benzodiazepines

1. The general strategy that is advocated is based on the **Ashton Manual**, which advocates for gradual tapers over the course of many months. Gradual means dose reductions of 5-10% or less for each step. Longer tapers (10+ months) are much more successful than rapid tapers (4 weeks). Longer tapers will be required with a longer duration of use, higher potency products, especially alprazolam, and higher daily doses. Abrupt discontinuation can be fatal. The Ashton Manual contains several sample taper schedules as well. Here are some general guiding principles:

2. Be aware, there is an "optimal care" approach, and then there is a “putting out fires” approach. For all approaches, expect anxiety, insomnia, and resistance. Typically, withdrawal symptoms after a dose reduction are not felt until 3-14 days later, and it may take as long as a month for the patient to adjust to the lower dose. Consequently, rapid tapers can result in severe withdrawal symptoms developing long after you see the patient.

3. Alprazolam is uniquely potent compared to other benzodiazepines. If a patient is on high-dose alprazolam (4 mg+/day), the initial part of the taper should be with alprazolam. Alprazolam needs to be dosed 3-4 times a day. Once the alprazolam dose gets lower (4 mg), clonazepam is likely the best substitute to enable less frequent dosing of 2-3 times a day. You may need a specialist for tapering alprazolam.

4. Most benzodiazepines do not come in doses that enable gradual reductions.

5. Benzodiazepines with short half-lives are less ideal for tapering because they require multiple doses a day.

6. Benzodiazepines without active metabolites (alprazolam, lorazepam, clonazepam, temazepam, oxazepam, etc.) are less ideal for tapering because there can be a dramatic "off" effect.
7. For these reasons, switching to diazepam is usually a good choice at some point in the tapering process.
8. When switching, try to switch by at most a third of the dose per week.
9. Use a conversion calculator or the Ashton Manual to find equivalent doses, but realize that single dose vs daily dose are different depending on half-life, and there are no agreed upon conversions.
10. When tapering, be aware of insurance quantity limits as well as the number and frequency of co-pays for the patient.
11. If transitioning to diazepam, consider assessing liver function due to potential for decreased clearance.

RAPID TAPER

Recommended in extenuating circumstances only. The primary risk of coming off benzodiazepines too quickly is seizures. Consequently, consider adding an adjuvant to reduce risk. There also appears to be evidence that adding an anti-seizure medication can reduce post-acute withdrawal anxiety levels. Be careful as many anti-seizure medications interact with other medications. Start this prior to tapering and have patient continue it for up to 4 weeks after taper has finished. Comfort medications like trazodone, hydroxyzine, and clonidine can also make it better tolerated.

First, start Divalproex 250 mg QAM and 500 mg QHS (*note assess for potential pregnancy if using this drug)

Begin with 25-35% dose reductions weekly until 50% of the dose is reached

See the remainder of sample taper 2, rapid taper, below.

Additional references

1. For providers & patients: https://www.benzoinfo.com/ (information as well as support groups for patients coming off benzodiazepines)
2. Alternative treatments for anxiety and sleep: https://micismaine.org/wp-content/uploads/2019-MICIS-coprescribing-handout-2019-02-19.pdf

3. Patient handout from the VA: https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/508/IB10-1529BZD-PatientFactSheet-SlowlyStoppingBenzodiazepines_508Ready.pdf

SAMPLE TAPER 1

For a sample case of patient on 12 mg lorazepam a day, here is a valid approach:

Start by cross-titrating lorazepam to diazepam incrementally - note total daily equivalent dose is not being reduced

Week	Morning	Afternoon	Bedtime	Total (Diazepam equivalents)
0	Lorazepam 4 mg	Lorazepam 4 mg	Lorazepam 4 mg	120 mg
1	Lorazepam 4 mg	Lorazepam 4 mg	Lorazepam 3 mg Diazepam 10 mg	120 mg
2	Lorazepam 4 mg	Lorazepam 4 mg	Lorazepam 2 mg Diazepam 20 mg	120 mg
3	Lorazepam 4 mg	Lorazepam 4 mg	Lorazepam 1 mg Diazepam 30 mg	120 mg
4	Lorazepam 3 mg Diazepam 10 mg	Lorazepam 4 mg	Lorazepam 1 mg Diazepam 30 mg	120 mg
5	Lorazepam 3 mg Diazepam 10 mg	Lorazepam 3 mg Diazepam 10 mg	Lorazepam 1 mg Diazepam 30 mg	120 mg
6	Lorazepam 3 mg Diazepam 10 mg	Lorazepam 3 mg Diazepam 10 mg	Diazepam 40 mg	120 mg
Start tapering by incrementally removing lorazepam while keeping diazepam unchanged				
7	Lorazepam 2 mg Diazepam 10 mg	Lorazepam 3 mg Diazepam 10 mg	Diazepam 40 mg	110 mg
8	Lorazepam 2 mg Diazepam 10 mg	Lorazepam 2 mg Diazepam 10 mg	Diazepam 40 mg	100 mg

9	Lorazepam 1 mg	Lorazepam 2 mg		90 mg
	Diazepam 10 mg	Diazepam 10 mg	Diazepam 40 mg	
10	Lorazepam 1 mg	Lorazepam 1 mg		80 mg
	Diazepam 10 mg	Diazepam 10 mg	Diazepam 40 mg	
11		Lorazepam 1 mg		70 mg
	Diazepam 10 mg	Diazepam 10 mg	Diazepam 40 mg	
12	Diazepam 10 mg	Diazepam 10 mg	Diazepam 40 mg	60 mg

Continue tapering by incrementally removing diazepam - note that reductions are now smaller as the total daily dose is now smaller

13	Diazepam 10 mg	Diazepam 10 mg	Diazepam 35 mg	55 mg
14	Diazepam 10 mg	Diazepam 10 mg	Diazepam 30 mg	50 mg
15	Diazepam 5 mg	Diazepam 10 mg	Diazepam 30 mg	45 mg
16	Diazepam 5 mg	Diazepam 10 mg	Diazepam 25 mg	40 mg
17	Diazepam 5 mg	Diazepam 5 mg	Diazepam 25 mg	35 mg
18	Diazepam 5 mg	Diazepam 5 mg	Diazepam 20 mg	30 mg

Continue taper by smaller reductions, which is possible because we are using diazepam

19	Diazepam 5 mg	Diazepam 5 mg	Diazepam 18 mg	28 mg
20	Diazepam 5 mg	Diazepam 5 mg	Diazepam 16 mg	26 mg
21	Diazepam 5 mg	Diazepam 5 mg	Diazepam 14 mg	24 mg
22	Diazepam 5 mg	Diazepam 5 mg	Diazepam 12 mg	22 mg
23	Diazepam 5 mg	Diazepam 5 mg	Diazepam 10 mg	20 mg

Continue taper by smaller reductions, which is possible because we are using diazepam

24	Diazepam 5 mg	Diazepam 4 mg	Diazepam 10 mg	19 mg
25	Diazepam 4 mg	Diazepam 4 mg	Diazepam 10 mg	18 mg
26	Diazepam 4 mg	Diazepam 3 mg	Diazepam 10 mg	17 mg
27	Diazepam 3 mg	Diazepam 3 mg	Diazepam 10 mg	16 mg
28	Diazepam 3 mg	Diazepam 2 mg	Diazepam 10 mg	15 mg
29	Diazepam 2 mg	Diazepam 2 mg	Diazepam 10 mg	14 mg
30	Diazepam 2 mg	Diazepam 1 mg	Diazepam 10 mg	13 mg
31	Diazepam 1 mg	Diazepam 1 mg	Diazepam 10 mg	12 mg
32	Diazepam 1 mg		Diazepam 10 mg	11 mg

33	Diazepam 10 mg	10 mg
34	Diazepam 9 mg	9 mg
35	Diazepam 8 mg	8 mg
36	Diazepam 7 mg	7 mg
37	Diazepam 6 mg	6 mg
38	Diazepam 5 mg	5 mg
39	Diazepam 4 mg	4 mg
40	Diazepam 3 mg	3 mg
41	Diazepam 2 mg	2 mg
42	Diazepam 1 mg	1 mg

Now this is with weekly intervals, but intervals could be every 1-2 weeks, so most tapers take over a year to complete!!!

SAMPLE TAPER 2 ***RAPID TAPER***

First, start Divalproex 250 mg QAM and 500 mg QHS

Begin with 25-35% dose reductions weekly until 50% of the dose is reached

Week	Morning	Afternoon	Bedtime
0	Lorazepam 4 mg	Lorazepam 4 mg	Lorazepam 4 mg
1	Lorazepam 3 mg	Lorazepam 3 mg	Lorazepam 3 mg
	Divalproex 250 mg		Divalproex 500 mg
2	Lorazepam 2 mg	Lorazepam 2 mg	Lorazepam 2 mg
	Divalproex 250 mg		Divalproex 500 mg

Would then taper with some diazepam due to its active metabolites and long half-life

3	Lorazepam 1 mg	Lorazepam 1 mg	Lorazepam 1 mg
	Diazepam 5 mg	Diazepam 5 mg	Diazepam 5 mg
	Divalproex 250 mg		Divalproex 500 mg
4	Diazepam 5 mg	Diazepam 5 mg	Diazepam 15 mg
	Divalproex 250 mg		Divalproex 500 mg
5	Diazepam 5 mg		Diazepam 10 mg
	Divalproex 250 mg		Divalproex 500 mg
6			Diazepam 5 mg

	Divalproex 250 mg	Divalproex 500 mg
7-10	Divalproex 250 mg	Divalproex 500 mg